

# FACS CONFERENCE REGISTRATION FORM

July 21, 2009  
Ferndale 4H Center  
Little Rock, AR

**Registration Fee \$100**

**Deadline for Registration May 22, 2009. No Refunds after this date.**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

Home Telephone: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

School Telephone: \_\_\_\_\_ School Fax: \_\_\_\_\_

The registration fee is \$100 for the FACS one day conference. **NO ON-SITE REGISTRATIONS, PLEASE.**

**District Meetings will be held  
during this time. Please indicate  
which FCCLA District you are in.**

**July 21, 2009**

\_\_\_\_\_ District 1  
\_\_\_\_\_ District 2  
\_\_\_\_\_ District 3  
\_\_\_\_\_ District 4  
\_\_\_\_\_ District 5  
\_\_\_\_\_ District 6

## **Deadline for Registration May 22, 2009 (Postmarked)**

There will be no refunds after this date.

To complete the registration, you must mail this form along with a check or purchase order for the total amount to the FACS State Office. Registration does not cover lodging. If you have any questions please call 501-682-1115

Method of Payment: ☐ Enclosed School Check # \_\_\_\_\_ ☐ Enclosed Personal Check # \_\_\_\_\_  
☐ Purchase Order # \_\_\_\_\_ Name of Organization \_\_\_\_\_

Make Checks or Purchase Orders **PAYABLE TO:**  
**MAILED TO:**

**AATFACS / FACS Inservice**  
Suellen Ward, FACS Program Manager  
#3 Capitol Mall Room 600  
Luther S. Hardin Building  
Little Rock, AR 72201

Registration forms with PO# may be **FAXED TO:** 501-682-9440